SENATE BILL No. 500

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8; IC 27-8; IC 27-13-7.

Synopsis: Insurance coverage for certain medical procedures. Requires coverage under a state employee health benefit plan, a policy of accident and sickness insurance, and a health maintenance organization contract for the costs of examinations and laboratory tests for the following health risks: (1) Osteoporosis. (2) High cholesterol. (3) Cervical cancer. Requires coverage under a state employee health benefit plan, a policy of accident and sickness insurance, and a health maintenance organization contract for inpatient care ordered by the treating physician of the covered individual, insured, or enrollee following a mastectomy.

Effective: July 1, 2001.

Rogers

January 22, 2001, read first time and referred to Committee on Health and Provider Services.





First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2000 General Assembly.

SENATE BILL No. 500

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 5-10-8-11 IS ADDED TO THE INDIANA CODE
2	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2001]: Sec. 11. (a) As used in this section, "covered individual"
4	means an individual who is:
5	(1) covered under a self-insurance program established under
6	section 7(b) of this chapter to provide group health coverage;
7	or
8	(2) entitled to services under a contract with a prepaid health
9	care delivery plan that is entered into under section 7(c) of
10	this chapter.
11	(b) As used in this section, "health benefit plan" means:
12	(1) a self-insurance program established under section 7(b) of
13	this chapter to provide health care coverage; or
14	(2) a contract with a prepaid health care delivery plan that is
15	entered into under section 7(c) of this chapter.
16	(c) A health benefit plan must provide coverage for screening,
17	examinations, and laboratory tests that are ordered by the



2001

IN 500-LS 7814/DI 104+

1	insured's treating physician for any of the following health risks:
2	(1) Cervical cancer.
3	(2) Osteoporosis.
4	(3) High cholesterol.
5	(d) A covered individual may not be required to pay a
6	deductible, copayment, out of pocket expenses, or coinsurance in
7	connection with the coverage required by subsection (c) that is
8	greater than the deductible, copayment, or coinsurance established
9	for similar benefits under:
10	(1) The self-insurance program established under section 7(b)
11	of this chapter, if the covered person is covered under that
12	program; or
13	(2) The contract with a prepaid health care delivery plan that
14	is entered into under section 7(c) of this chapter, if the
15	covered person is entitled to services under that contract.
16	SECTION 2. IC 5-10-8-12 IS ADDED TO THE INDIANA CODE
17	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
18	1, 2001]: Sec. 12. (a) As used in this section, "covered individual"
19	means an individual who is:
20	(1) covered under a self-insurance program established under
21	section 7(b) of this chapter to provide group health coverage;
22	or
23	(2) entitled to services under a contract with a prepaid health
24	care delivery plan that is entered into under section 7(c) of
25	this chapter.
26	(b) As used in this section, "health benefit plan" means:
27	(1) a self-insurance program established under section 7(b) of
28	this chapter to provide health care coverage; or
29	(2) a contract with a prepaid health care delivery plan that is
30	entered into under section 7(c) of this chapter.
31	(c) A health benefit plan must provide coverage for inpatient
32	care as ordered by the covered individual's treating physician
33	following a mastectomy.
34	(d) A covered individual may not be required to pay a
35	deductible, copayment, out of pocket expense, or coinsurance in
36	connection with the coverage required by subsection (c) that is
37	greater than the deductible, copayment, out of pocket expense, or
38	coinsurance established for similar benefits under:
39	(1) The self-insurance program established under section 7(b)
40	of this chapter, if the covered person is covered under that
41	program; or
42	(2) The contract with a prepaid health care delivery plan that



1	is automal into souther 7(a) of this abouton if the
1 2	is entered into under section 7(c) of this chapter, if the covered person is entitled to services under that contract.
3	SECTION 3. IC 27-8-5-26.5 IS ADDED TO THE INDIANA CODE
4	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
	<u>L</u>
5	1, 2001]: Sec. 26.5. (a) As used in this section, "accident and
6	sickness insurance policy" means a policy of accident and sickness
7	insurance (as defined in section 1 of this chapter) that is issued on
8	a group basis.
9	(b) The term "accident and sickness insurance policy" does not
10	include the following:
11	(1) Accident only, credit, dental, vision, Medicare supplement,
12	long term care, or disability income insurance.
13	(2) Coverage issued as a supplement to liability insurance.
14	(3) Worker's compensation or similar insurance.
15	(4) Automobile medical payment insurance.
16	(5) A specified disease policy issued as an individual policy.
17	(6) A limited benefit health insurance policy issued as an
18	individual policy.
19	(7) A short term insurance plan that:
20	(A) may not be renewed; and
21	(B) has a duration of not more than six (6) months.
22	(8) A policy that provides a stipulated daily, weekly, or
23	monthly payment to an insured during hospital confinement,
24	without regard to the actual expenses of the confinement.
25	(c) As used in this section, "insured" means an individual who
26	is entitled to coverage under an accident and sickness insurance
27	policy.
28	(d) As used in this section, "insurer" means an insurer that
29	issues or renews a policy of accident and sickness insurance.
30	(e) As used in this section, "mastectomy" means the removal of
31	all or part of the breast that is determined by a licensed physician
32	to be medically necessary.
33	(f) An insurer shall provide coverage under a policy of accident
34	and sickness insurance for inpatient care as ordered by the
35	insured's treating physician following a mastectomy.
36	(g) An insurer may not apply a copayment, deductible, out of
37	pocket expense, or coinsurance provision of an accident and
38	sickness insurance policy to the coverage required by subsection
39	(f).
40	SECTION 4. IC 27-8-14.3 IS ADDED TO THE INDIANA CODE
41	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
42	JULY 1, 2001]:



1	Chapter 14.3. Coverage for Health Screening Services
2	Sec. 1. (a) As used in this chapter, "accident and sickness
3	insurance policy" means an insurance policy that:
4	(1) provides at least one (1) of the types of insurance described
5	in IC 27-1-5-1, Classes 1(b) and 2(a); and
6	(2) is issued on a group basis.
7	(b) The term does not include the following:
8	(1) Accident only, credit, dental, vision, Medicare supplement,
9	long term care, or disability income insurance.
10	(2) Coverage issued as a supplement to liability insurance.
11	(3) Worker's compensation or similar insurance.
12	(4) Automobile medical payment insurance.
13	(5) A specified disease policy issued as an individual policy.
14	(6) A limited benefit health insurance policy issued as an
15	individual policy.
16	(7) A short term insurance plan that:
17	(A) may not be renewed; and
18	(B) has a duration of not more than six (6) months.
19	(8) A policy that provides a stipulated daily, weekly, or
20	monthly payment to an insured during hospital confinement,
21	without regard to the actual expenses of the confinement.
22	Sec. 2. As used in this chapter, "insured" means an individual
23	who is entitled to coverage under an accident and sickness
24	insurance policy.
25	Sec. 3. As used in this chapter, "insurer" means an insurer that
26	issues or renews a policy of accident and sickness insurance.
27	Sec. 4. (a) An insurer shall provide coverage under an accident
28	and sickness insurance policy for screening, examinations, and
29	testing for the following, if it is ordered by the insured's treating
30	physician:
31	(1) Osteoporosis.
32	(2) High cholesterol.
33	(3) Cervical cancer.
34	(b) An insured may not be required to pay a deductible, a
35	copayment, an out of pocket expense, or coinsurance in connection
36	with the coverage required by subsection (a) that is greater than
37	the deductible, copayment, out of pocket expense, or coinsurance
38	established for similar benefits under the accident and sickness
39	insurance policy.
40	SECTION 5. IC 27-13-7-18 IS ADDED TO THE INDIANA CODE
41	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
42	1, 2001]: Sec. 18. (a) A health maintenance organization that



1	provides coverage for basic health care services shall provide
2	coverage under a group contract for screening, examinations, and
3	testing for the following, if it is ordered by the insured's treating
4	physician:
5	(1) Osteoporosis.
6	(2) High cholesterol.
7	(3) Cervical cancer.
8	(b) An enrollee covered by a group contract may not be
9	required to pay a deductible, a copayment, or an out of pocket
10	expense in connection with the coverage required by subsection (a)
11	that is greater than the deductible, copayment, or out of pocket
12	expense established for similar benefits under the group contract.
13	SECTION 6. IC 27-13-7-19 IS ADDED TO THE INDIANA CODE
14	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
15	1, 2001]: Sec. 19. (a) As used in this section, "mastectomy" means
16	the removal of all or part of the breast that is determined by a
17	licensed physician to be medically necessary.
18	(b) A group contract that provides coverage for basic health
19	care services must provide coverage for inpatient care as ordered
20	by an enrollee's treating physician following a mastectomy.
21	(c) An enrollee covered by a group contract may not be required
22	to pay a deductible, a copayment, or an out of pocket expense in
23	connection with the coverage required by subsection (b) that is
24	greater than the deductible, copayment, or out of pocket expense
25	established for similar benefits under the group contract.
26	SECTION 7. [EFFECTIVE JULY 1, 2001] (a) IC 5-10-8-11, as
27	added by this act, applies to a health benefit plan (as defined in
28	IC 5-10-8-11) that is entered into, established, amended, or
29	renewed after June 30, 2001.
30	(b) IC 5-10-8-12, as added by this act, applies to a health benefit
31	plan (as defined in IC 5-10-8-12) that is entered into, established,
32	amended, or renewed after June 30, 2001.
33	(c) IC 27-8-5-26.5, as added by this act, applies to an accident
34	and sickness insurance policy (as defined in IC 27-8-5-26.5) that is
35	issued, amended, delivered, or renewed after June 30, 2001.
36	(d) IC 27-8-14.3, as added by this act, applies to an accident and
37	sickness insurance policy (as defined in IC 27-8-14.3-1) that is
38	issued, amended, delivered, or renewed after June 30, 2001.
39	(e) IC 27-13-7-18, as added by this act, applies to a contract with
40	a health maintenance organization that is entered into, amended,



41

42

delivered, or renewed after June 30, 2001.

(f) IC 27-13-7-19, as added by this act, applies to a contract with

- a health maintenance organization that is entered into, amended,
- delivered, or renewed after June 30, 2001.



